

EXHIBIT B

PI TALC CLAIM FORM

UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF NEW JERSEY

In re:

LTL MANAGEMENT LLC,
Debtor.

Chapter 11

Case No. 23-12825 - MBK
Jointly Administered

Proof of Claim (Personal Injury Talc Claim)

Read the instructions before filing this form. This form is for individual talc claimants who have personal injury or wrongful death claim against the Debtor (*i.e.*, LTL Management LLC, successor to Johnson & Johnson Consumer Inc.) that arose prior to the Debtor filing for bankruptcy (*i.e.*, prior to April 4, 2023) and that arose from, or relates to, the use of or exposure to Johnson's Baby Powder (made with talc and not cornstarch) or Shower to Shower. Do not use this form for non-personal injury or non-wrongful death claims. Do not use this form to make a request for payment of an administrative expense.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. You may, but are not required, to attach documents that support your claim. **Do not send original documents**; they may be destroyed after scanning.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed (*i.e.*, April 4, 2023).

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim)

2. Has this claim been acquired from someone else?

☐ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Name _____

Attorney Name (if applicable) _____

Attorney Bar Number (if applicable) _____

Street Address _____

City _____

State / Province _____

Zip / Postal Code _____

Phone Number _____

Email Address _____

Where should payments to the creditor be sent? (if different)

Name _____

Attorney Name (if applicable) _____

Attorney Bar Number (if applicable) _____

Street Address _____

City _____

State / Province _____

Zip / Postal Code _____

Phone Number _____

Email Address _____

4. Does this claim amend one already filed?

☐ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____

MM / DD / YYYY

Part 2: Give Information About the Claim as of the Date the Case Was Filed

5. Have you been diagnosed with one of the following types of cancer? If yes, check all that apply

- ☐ Mesothelioma
- ☐ Endometrial Cancer
- ☐ Uterine Cancer
- ☐ Vaginal Cancer
- ☐ Cervical Cancer
- ☐ Germ Cell Ovarian Cancer
- ☐ Small Cell Ovarian Cancer
- ☐ Stromal Ovarian Cancer
- ☐ Vulvar Cancer
- ☐ Lung Cancer
- ☐ Epithelial Ovarian Cancer, Fallopian Tube Cancer, or Primary Peritoneal Cancer of the following subtypes - serous, endometrioid, clear cell, undifferentiated, mixed, serous borderline, or endometrioid borderline)
- ☐ Mucinous Epithelial Ovarian Cancer
- ☐ Mucinous Borderline Ovarian Cancer
- ☐ Other (Please specify) _____

6. Date of cancer diagnosis

____ / ____ / ____

Is there a pathology report or other medical documentation confirming your diagnosis?

- ☐ Yes
- ☐ No

7. If you are represented by an attorney, does your attorney have a copy of the pathology report or other medical documentation diagnosing your cancer?

- ☐ Yes
- ☐ No

8. Have you ever used Johnson's Baby Powder or Shower to Shower made with talcum powder?

- ☐ Yes
- ☐ No

9. What damages are you claiming / seeking?

- ☐ Any and all other damages recoverable under applicable law

10. How much is the claim?

- ☐ To be determined in an amount according to proof.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☐ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name	_____		
	First name	Middle name	Last name
Title	_____		
Company	_____		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	_____		
	Number	Street	
	City		State ZIP Code
Contact phone	_____		Email _____

Instructions for Proof of Claim (Personal Injury Talc Claim)

United States Bankruptcy Court

You may have a claim against the Debtors for monetary loss, personal injury, wrongful death, or other asserted damages arising out of or related to the use or application of Johnson's Baby Powder (made with talc and not cornstarch) or Shower to Shower (collectively, "J&J Talc Products"). You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form:

- **Fill in information about the claim as of April 4, 2023.**
- **If the claim has been acquired from someone else**, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **You may, but are not required to, attach supporting documents to this form.** Given the volume and nature of claims related to J&J Talc Products expected in this case, submission of all supporting documents is unnecessary at this time. Supporting documents may be gathered, maintained, and provided at a later date as instructed by the Court. In the meantime, **please preserve all documents related to your claim.**
- **Question 5.** If the cancer with which you have been diagnosed is not listed, please identify the cancer on the space provided after "Other (Please specify)."
- **Question 8.** This question seeks information related to body powders composed primarily of talc and not products that are composed solely of cornstarch.
- **Information that is entitled to privacy:** A *Proof of Claim* form must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims Agent's website at <https://dm.epiq11.com/case/ltl/info>

Understand the terms used in this form

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy.
11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: LTL Management LLC, successor to Johnson & Johnson Consumer Inc.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. Because this form requests medical information, it will be treated as confidential by default and will only be disclosed to estate fiduciaries and their professionals who agree to maintain the form as confidential. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Proof of Claim: A form that shows the creditor has a tort claim against the debtor on or before the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

LTL Management LLC
Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
10300 SW Allen Blvd.
Beaverton, OR 97005